



Patient ID: _____

Cycle #: ____

Breast Cancer Screening Data Collection Form

(Follow Cancer Screening Guidelines provided)

A. Patient Information					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address	5b. Municipality	5c. State	5d. Zip Code	6. Phone Number	
7. Provider #	8. Record #	9. Municipality of Screening			
B. Breast Screening History					
10a. Has the patient had a mammogram before? If Yes,		<input type="radio"/> Yes <input type="radio"/> No		11. Does the patient have breast implants? <input type="radio"/> Yes <input type="radio"/> No	
10b. Date of previous mammogram:				12. The patient reported breast symptoms? <input type="radio"/> Yes <input type="radio"/> No	
C. Breast Screening Tests					
13. CBE Date:		<input type="radio"/> Bloody / Serous Nipple Discharge <input type="radio"/> Nipple / Areolar Scariness <input type="radio"/> Skin Dimpling / Retraction <input type="radio"/> Previous normal CBE in past 12 months – CBE not done today <input type="radio"/> CBE not done today – other / Unknown Reason <input type="radio"/> CBE refused			
14. CBE Results:					
<input type="radio"/> Normal <input type="radio"/> Benign Finding <input type="radio"/> Discrete Palpable Mass – Suspicious for Cancer <input type="radio"/> Discrete Palpable Mass – Previously Diagnosed Benign					
15a. Purpose of the Initial Mammogram:		18. Date Initial Mammogram:		D. Diagnostic Procedures:	
<input type="radio"/> Routine screening mammogram <input type="radio"/> Evaluate symptoms, positive CBE, or previous abnormal mammogram <input type="radio"/> Already done by a non-program provider, patient referred in for diagnostic evaluation		<input type="radio"/> Not done (Patient proceeded directly for other imaging or diagnostic workout) <input type="radio"/> Not done (Cervical record only)		20. Diagnostic Work-up Plan: <input type="radio"/> Planned <input type="radio"/> Not Planned	
				21. Additional Mammography Views: <input type="radio"/> Yes <input type="radio"/> No	
15b. Date of Referral:		19. Initial Mammogram Results: <input type="radio"/> Negative (BI-RADS 1) <input type="radio"/> Benign (BI-RADS 2) <input type="radio"/> Probably Benign (Short interval follow-up suggested; BI-RADS 3) <input type="radio"/> Suspicious Abnormality (Consider Biopsy; BI-RADS 4) <input type="radio"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="radio"/> Assessment is Incomplete (Need additional Imaging; BI-RADS 0) <input type="radio"/> Unsatisfactory (Cycle complete) <input type="radio"/> Unknown (Presumed Abnormal, mammogram from non-program provider) <input type="radio"/> Film Comparison Required		22. Ultrasound: <input type="radio"/> Yes <input type="radio"/> No	
15c. Date of Referral:				23. Film comparison to evaluate an incomplete assessment: <input type="radio"/> Yes <input type="radio"/> No	
16. Initial Mammogram Type: <input type="radio"/> Conventional <input type="radio"/> Digital				24. Bill to PRBCCEDP: <input type="radio"/> Yes <input type="radio"/> No	
17. Bill to PRBCCEDP: <input type="radio"/> Yes <input type="radio"/> No				25. Final Imaging Date:	
				26. Final Imaging Outcome: <input type="radio"/> Negative <input type="radio"/> Benign finding <input type="radio"/> Probably Benign (Short interval follow-up suggested) <input type="radio"/> Suspicious Abnormality (Consider Biopsy) <input type="radio"/> Highly Suggestive of Malignancy <input type="radio"/> Unsatisfactory (Cycle complete) <input type="radio"/> Known Biopsy-Proven Malignancy	
27. Additional Diagnostic Procedures (Complete the Breast Cancer Diagnosis Data Collection Form):					
<input type="radio"/> Diagnostic Mammography <input type="radio"/> Consultant repeat CBE <input type="radio"/> Fine Needle Aspiration Biopsy <input type="radio"/> Surgical Consultation			<input type="radio"/> Large Core Needle Biopsy <input type="radio"/> Open Surgical Biopsy <input type="radio"/> Other procedure (Specify):		
28a. Follow-up: <input type="radio"/> 2 years <input type="radio"/> 1 year <input type="radio"/> Short-Term		28b. Specify Short-Term months			
29. Comments:					
30. Provider's Name and Signature:					31. Date: